FOR SHIPMENTS WITHIN UNITED STATES contact:
Animal Health Branch
1220 N Street, Room A-107
Sacramento, CA 95814
Telephone: (916) 654-1447
FAX (916) 653-2215

STATE OF CALIFORNIA

DEPARTMENT OF FOOD AND AGRICULTURE
Animal Health and Food Safety Services
Animal Health Branch

FOREIGN SHIPMENTS:
Including Canada and Mexico
If approval is required by destination country submit original to:
U.S.D.A., A.P.H.I.S., V.S.
10365 Old Placervile Road, Suite 210
Sacramento, CA 95827
Telephone: (916) 854-3900
Fax (916) 363-1125
FEE REQUIRED FOR APPROVAL

CERTIFICATE FOR INTERSTATE OR INTERNATIONAL MOVEMENT OF SMALL ANIMALS

Consignor or Owner: Last Name _____ First Name _____ Initial _____ Phone Number _____
Address _____ City _____ State _____ ZIP _____

Consignee or Purchaser: Last Name _____ First Name _____ Initial _____ Phone Number _____
Address _____ City _____ State _____ ZIP _____ COUNTRY (If applicable) _____

Animal Description: Species: Canine ☐ Feline ☐ Avian ☐ Other _____
Name: _____
Band, Tattoo, or Other ID _____ Breed _____ Color _____ Sex _____ Years / Months _____
License Number _____ Identifying Marking _____

Rabies Vaccine Used: (Important) Manufacturer _____ Lot # _____ Tag # _____ Vaccination Date _____

I hereby certify that I have examined the above animal and found same to be free from apparent clinical signs of contagious or infectious disease(s). The above-mentioned animal is not being transported from a rabies quarantine area and, to the best of my knowledge, has not bitten anyone within the past ten (10) days. I also certify that I am licensed by the State of California and accredited by the California Departmentof Food and Agriculture and the U.S. Department of Agriculture for the issuance of this certificate. I further certify that to the best of my knowledge, this certificate is issued in compliance with the requirements of the state or country of destination.

Accredited Veterinarian _____ State License # _____ Clinic / Hospital Address _____
Please Print Name _____ Date _____ Body Temperature _____ Body Weight _____

Optional Remarks: _____

Other Vaccinations: _____

Other Treatments: _____

Heartworm Test within Past 12 Months: Yes ☐ No ☐ Results _____

Fecal Examination within Past 12 Months: Yes ☐ No ☐ Results _____

Communicable External Parasitism / Dermatopathy: _____

Debilitating Condition: _____

Additional Comments: _____